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ABSTRACT

Myths often associated with behavioral disorders are examined, and for each myth, strategies that can be implemented by teachers and systems to dispell the myths are identified. It is suggested that the myth that parents caused the child to be behaviorally disordered (BD) can interfere with the child's programing and growth and effective interaction with the families, who can be important sources of information. Another frequent myth, that there is someone capable of assessing behavior as good, bad, appropriate, or inappropriate, is linked to the belief of some educators that education is not nearly as important as psychiatric involvement. It is proposed that teachers can establish what a student can do in terms of academic skills and appropriate classroom behavior and that educational system personnel should gather informal assessment data from parents, teachers, and others directly involved with the student. Additional myths include the following: the behaviors of the BD youngsters are qualitatively different from those of normal students; BD students can control their behavior if they really want to; labeling a youngster as BD causes irreparable harm; and "normal" students should be separated from the BD youngster to protect them from "catching" the behavior. Advantages and disadvantages of labeling are specified, along with examples of negative reactions by educators to labeling and classification. Finally, some conditions in the school whereby BD students/classes are isolated are noted. (SEW)

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MONOGRAPH SERIES
in
BEHAVIOR DISORDERS

Monograph 1:

Myths...

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Monograph 1:

Myths of Behavioral Disorders

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This monograph is designed to provide teachers and administrators with information on behaviorally disordered students. It is one of a series of seven. The other monographs in the series are:

1. Myths of Behavioral Disorders
2. Developing a School Program for Behaviorally Disordered Students
3. Establishing a Program for Behaviorally Disordered Students: Alternatives to Consider, Components to Include and Strategies for Building Support
4. Reintegrating Behaviorally Disordered Students Into General Education Classrooms
5. Positive Approaches to Behavior Management
6. Practical Approaches for Documenting Behavioral Progress of Behaviorally Disordered Students
7. Excerpts from: Disciplinary Exclusion of Seriously Emotionally Disturbed Children from Public Schools

MYTHS OF BEHAVIORAL DISORDERS

> There was a transient who on one of his evening travels was looking for a place to sleep for the night. He found an open box car on a stationary train. After he crawled in, the door slammed shut and locked behind him. To his dismay, he discovered that the car was refrigerated. Frightened by the prospect of freezing in the box car and needing to stay busy, he chronicled his movements and thoughts on the wall of the car. "I'm getting very cold; I can feel my body temperature dropping; I am so cold; I feel these may be my last words..." And, in fact, they were!
>
> When the man's body was discovered, it was noted that the temperature of the box car was 56 degrees. There had been plenty of ventilation and ample space. The car had actually been malfunctioning and was not in use. The man had been a victim of an illusion. That illusion had killed him.
>
> (Source Unknown)

The story illustrates how powerful misconceptions can be and the dramatic effects they have on lives. Not all misconceptions are as obvious as the one in the illustration. Some are very subtle and difficult to identify. Often the more subtle misconceptions are the most dangerous. They can cause pain and change the lives of others as they go unrecognized.

This chapter is about misconceptions or myths and the dynamic role they play in the lives of behaviorally disordered (BD) youngsters and those who love and work with them. It identifies myths that society maintains about these youngsters, explains how to recognize their

existence, and offers some suggestions on how to overcome them. Hopefully by identifying these myths, educators will be better prepared to establish positive educational environments for BD students.

Consider what sometimes happens at staffings:

- Parents are not always included in staffings concerning their child.
- There is often a heavy emphasis on the family history and experiences of these youngsters.

These factors might indicate that those involved at the staffing might be affected by the myth, "The parents caused the child to be behaviorally disordered." Love made a statement regarding this myth:

> "Parents of the BD child occupy a unique position among parents of exceptional children. The child who is blind, deaf, retarded or physically handicapped is usually not so handicapped as the result of any interaction with the parents. However, society often holds the parent of the BD child partially or totally responsible for the child's condition." (Love, 1972:113)

If parents aren't included in all aspects of the staffing procedures, they are being denied the opportunity to share information. This denial might be an indication to them that they aren't important or that they are guilty of causing their child's problem. Otherwise, why aren't they asked to contribute information? An apparent emphasis on a child's family background might also be an indication to parents that they are guilty of doing or not doing something.

It isn't so important to know "why" this belief has developed as to know "what" can be done so the myth doesn't interfere with the child's programming and growth. Admitting that the feeling, The parents caused the behavior disorder, often exists can be useful information in working more effectively with BD youngsters and their families.

The following lists some of the strategies which could be used to dispel the myth. They are divided into strategies teachers could implement to help dispel the myth and those that may need to be implemented at the system level.

Teacher Strategies	System Strategies
1) Before a staffing occurs, call the parents or visit to obtain information about the child from them.	1) Evaluation data can be compiled and other information gathered and sent to the parents two weeks prior to a meeting with a follow-up visit or telephone call to discuss the information.
2) Be open with the parents about feelings and perceptions you have about the child.	2) Instead of automatically completing a social history, the referral team could make a decision on whether or not one needs to be done.
3) Give parents credit for what they know about their child. Encourage them to talk to you about their child.	3) Encourage pre-staffings to gather information from the parents.
4) All families are not the same. Individualize for families as you would for students.	

Sometimes, educators who are involved with BD youngsters have questions about who really should assess these students, what kinds of assessment needs to be completed, and who really is capable of doing the best job of assessing the student. A frequent myth often encountered is that somewhere, somehow there is "someone" capable of assessing behavior as good, bad, appropriate, inappropriate, positive or negative. This commonly held myth was pointed out by Bower; he stated that educators often think

> "the state of a child's mental health or ill health is best known and judged by a mental health professional (psychiatrist, clinical psychologist or psychiatric social worker) rather than by less sophisticated professional persons who live with the child on a day-to-day basis." (Bower, 1980:123)

Bower thinks this belief has kept educators from feeling competent and confident in regard to their perceptions and feelings about their work with BD students. Two examples of behaviors that might be displayed by individuals who are operating under this myth are:

- staffings where the majority of the information shared is given by the psychologist, therapist, or counselor; and
- staffings where the majority of the information presented is about social/emotional development and therapeutic approaches.

Consider the educational setting for the BD student. The information necessary to program for the student in the classroom are things such as:

1) How long can he/she remain at a task?
2) What academic skills does the student have?
3) In what ways does the student best respond to directions and requests?
4) How does the student get along with peers?
5) What things are rewarding to the student?

The teacher is usually the individual who can best supply this type of information. Concern needn't be with "why" behaviors occur, but with "what" needs to be done so that learning can occur.

Another myth closely associated with <u>somewhere, somehow there is "someone" capable of assessing behavior</u> is the belief, held by some educators, that education is not nearly as important as psychiatric involvement. Individuals who believe in this myth might be heard to comment:

> "I'm not qualified to handle these kinds of emotional problems;" or

"These kids are the really tough kids. What they need is some regular therapy."

These types of comments seem to indicate that programming for the BD youngster should be therapeutic. They may also be indications that the educators working with these students don't think educational gains can be made without intensive therapy and that educators cannot program appropriately for BD students because they are not trained as therapists, psychologists, counselors or doctors.

Since the early 1960's, programs for the BD student have become more concerned with observable behaviors and less concerned with the medical or psychological aspects of programming (Haring & Phillips, 1962). Morse (1971) stated that there needs to be a balance of cognitive and affective curricula. In Teacher-Therapist: A Textbook for Teachers of the Emotionally Impaired, Mosier and Park point out that the role of the educator is a dual role. They state that this role consists of...

> "1) helping the students to improve their academic skills to the extent of their individual capacities and 2) helping them substitute appropriate behavior for inappropriate. Schoolwork is an ideal vehicle for achieving this dual responsibility since it allows for objectivity in dealing with children and furnishes constant interpersonal contact simultaneously."
> (Mosier and Park,1979:4)

Teacher Strategies	System Strategies
1) Establish what a student can do in terms of academic skills and appropriate classroom behavior.	1) Gather informal assessment data from parents, teachers, and other individuals directly involved with the student.
2) Identify behaviors that need to be modified so the student can function in the educational setting.	2) Make sure all individuals directly involved with the pupil's education have input into the educational program.

3) Monitor individual behaviors in all areas of academic and behavioral performance so that problems are dealt with before they become crisis situations.

4) Model appropriate responses and behaviors.

5) Don't expect to be able to handle all situations. Identify back-up support (i.e., crisis intervention counselor, teacher next door, etc.) to call on if crises occur.

3) Continually monitor progress based on assessment and reassess youngsters if there are indications that current data may not be accurate.

How often have educators heard statements made about BD students, such as:

- "BD students are bad - not disabled."
- "If they really wanted to, they could behave."
- "BD youngsters are dangerous."
- "BD students should be separated from general education students."
- "Only a specialist with many years of experience can cope with BD youngsters."

These statements represent the myth that the behaviors of BD youngsters are qualitatively different from those of "normal" students. The resultant belief then is that their differences are unacceptable and that public schools are not the place to teach BD students. This attitude encourages the rejection of BD youngsters and allows those working with them to deny responsibility for their futures. The implication that the behaviors of BD youngsters are very different from "normal"

behavior is not entirely accurate. BD students, like other youngsters, may defy authority, throw temper tantrums, use inappropriate language, and talk back. These behaviors are those observed in most children at some time in their lives. So, the BD student's behavior is not necessarily a different kind of behavior that is never seen in "normal" students. The difference is in the intensity, frequency, duration, the setting in which it occurs, and the age appropriateness of the behaviors.

Think of a student bouncing a ball. This behavior might be observed in any youngster. However, bouncing a ball on the teacher's desk during math class every day would be considered different in terms of appropriateness of setting, duration, and frequency.

An extension of the myth, BD youngsters are qualitatively different from those of normal students in all areas, is that the BD student can control his/her behavior if he/she really wants to do so. This implies that BD students act out of maliciousness or deliberate intent. The BD student may very well be "in control" of his/her behavior. However, he/she may not be in control of or knowledgeable about how to manifest alternative behaviors. In the case of the BD youngster, inappropriate behavior is often an attempt to cope with a problem. As Glasser noted,

> "It takes a long time to give up ingrained beliefs and learn instead that the child's behavior is the best way he has discovered to fulfill his needs." (Glasser, 1975:6)

Some strategies teachers and systems can implement to overcome these myths are:

Teacher Strategies	System Strategies
1) Attempt to identify <u>how</u> students are feeling, then separate feelings from actions.	1) Prevent placement decisions based on the diagnosis of BD. Place the student based on where he/she can best learn new behaviors that have been identified as necessary.
2) Consider behavior in the context of frequency, duration, age appropriateness, intensity, and in the setting in which it occurs in order to develop strategies for changing the behavior.	2) More support staff available to help teachers design behavior management strategies and develop materials to teach appropriate behaviors.
3) Model appropriate alternative behaviors.	3) Share information through inservice, discussion or written form on the nature of BD. Focus specifically on what teachers can do in general education classrooms and how learning new behaviors can become part of the general education curriculum.
4) Concentrate and stress how BD youngsters and their behaviors are <u>like</u> other youngsters' behavior.	

Labeling, relabeling, and non-labeling have been recurrent issues in the education of all handicapped youngsters. The issue of the advantages and disadvantages of the categorization and labeling process is still a crucial matter and will be for many years to come (Mandell and Fiscus, 1981:352).

One myth that has evolved about the BD youngster and labeling is labeling a youngster as behaviorally disordered causes irreparable harm. If some educators are responding to this myth, they may be less effective in educating BD students.

Advantages of labeling the BD student are:

- Labeling enables BD youngsters to receive services.
- Labeling enables the student who is frustrated in the general classroom to receive individual programming which encourages personal growth.
- Labeling encourages others to consider individual differences and their effects on the individual student.
- Labeling facilitates research into the causes of particular handicaps and, therefore, promotes the development of additional preventative measures and treatment forms.

(Mandell and Fiscus, 1981:253-255)

Some disadvantages of labeling are:

- Labels can initiate the self-fulfilling prophecy, ("I am BD. Therefore, I act and am treated as BD.")
- Labeling can make the BD youngster feel different, put down, and peculiar.
- Labeling can be a "cop-out." Once the student is labeled BD the job is finished and responsibility is shifted to special educators.
- Labels are difficult to remove.

The list of both advantages and disadvantages could be continued. What is important to remember is that labeling and classification become positive or negative because of the reactions of educators and others. In order to determine whether or not an educator is reacting negatively or positively to a label, attention must be given to behaviors that are being displayed by them. The following behaviors might be indicators of negative reactions to labeling and classification:

- Using other descriptors for BD youngsters, such as "problems," "rowdies," "troublemakers."
- Statements such as, "You can expect that out of him/her. He/she is BD."
- Statements suggesting that the child cannot be programmed for in public schools.
- Separating BD youngsters from general education students.

If these behaviors are being displayed, it is likely that the BD youngster will suffer some of the disadvantages of labeling.

The following suggestions may assist educators in establishing attitudes which attempt to identify advantages of labeling and, consequently, dispel the myth that labeling a youngster as behaviorally disordered causes irreparable harm.

Teacher Strategies	System Strategies
1) Work to de-emphasize the label and emphasize the individual youngster and his/her needs.	1) Help assessment teams be aware of the ramifications of mistakes in judgment.
2) Guard against allowing the label to serve as the determiner of how a youngster's program or placement will be developed.	2) Share information.
3) Concentrate on how the youngster is like other students.	3) Take care that service continues after the label is assigned. Foster communication between cross-disciplinary services that the youngster may be receiving.
4) Encourage the youngster to identify and talk about behaviors that need to be modified and not about what his/her "problem" is. (For example, "You need to control your temper" versus "You have an emotional problem.")	4) List guidelines for teachers to use to help identify youngsters with BD.
5) Maintain daily logs on youngsters to keep track of behavior changes and changes in relationships which might give additional insight to programming.	5) Keep information and records on youngsters current and complete to allow for continued appropriate programming.
	6) Continue to seek ways to precisely describe a youngster's abilities and needs beyond the label.

Typically, behavior disorders are the least understood of the handicapping conditions. Unlike many other handicaps, behavior disorders are not linked to one particular etiology. An individual's views about BD are often a reflection of his/her personal philosophy on life. To add to the confusion and misunderstanding, a number of descriptors have been used over the years to describe BD youngsters - socially maladjusted, seriously emotionally disturbed, mentally ill or sick, and mentally disturbed - are just a few (Shea 1978:352). Many of these terms have been linked to the medical field. This connection has subtly suggested that BD is an illness. The myth which has emerged in part from this belief is that you can catch a behavior disorder. An extension of this myth is that "normal" students should be separated from the BD youngster to protect them from catching BD.

As with some of the myths discussed previously, attitudes affect whether or not this myth will be perpetuated. While educationally and intellectually educators may convey an understanding of BD youngsters, behaviors might indicate that the myth, you can catch BD, is affecting how educators actually work with the students.

Some behaviors and conditions that might be observed are:

- BD classes located in "out-of-the-way" places in the building.
- Separate entrances and exits for BD youngsters.
- Isolated seating in the lunchroom for BD youngsters or a separate lunch period.
- Separate recess times for BD youngsters.
- Exclusion of the BD room as part of the school when "important" visitors tour the building.

A defense of these behaviors has been that other students in the

in the school fear or should not be exposed to the behaviors of BD youngsters. Research has shown that the BD youngster's inappropriate behaviors did not directly affect the students he/she came into contact with. However, an adult pointing out that the student had "problems" did create negative feelings among peers about that student (Novak, 1975). This seems to suggest that separating the BD youngster from the "normal" student does not necessarily benefit either child. All youngsters can derive many benefits from associations with different types of individuals. There are steps which can be taken to allow BD youngsters opportunities to experience positive relationships with others. As positive strides are made, the myth that you can catch BD can begin to be dispelled.

These ideas may serve as a starting point:

Teacher Strategies	System Strategies
1) Bring general education students into the BD classroom to participate in activities.	1) Organize general education and special education so that opportunities to share in activities occur.
2) Encourage other children to serve as positive models of appropriate behavior.	2) Share information with educators about the different perceived causes of BD, through handouts, meetings, and discussions.
3) Plan activities with the administrator that the BD youngster can do around the school.	3) Encourage educators to serve as models for including BD youngsters in some general education activities, such as field trips and assemblies. Offer help to those who participate.
4) Plan activities where the BD youngster displays appropriate behaviors which are visible to the general education population.	

5) Establish a peer/buddy system where a BD youngster is paired with a general education youngster for assemblies, lunchroom, and programs.

6) Secure a "seat" for the BD youngster in the general education classroom. This can be used by the BD youngster during specified times to encourage interaction.

The importance of citing myths about BD is relevant not only as it relates to BD youngsters, but as it relates to all people. The possibility exists that myths of one kind or another affect most individuals at some time. The effects may be very subtle or damaging. As has been mentioned, myths are often erroneous beliefs which keep individuals from reaching goals and achieving successful personal growth.

Those who have chosen to work with BD youngsters are encountering an especially vulnerable population. Relationships that develop are often close and impressionable. Because of this, these educators need to be continually aware of attitudes they maintain or develop concerning the youngsters they serve. Careful monitoring of their own behaviors will help them keep their attitudes in perspective so that their relations continue to affect BD youngsters positively. In order for any change to occur in dispelling myths, those who work with BD youngsters must serve as models.

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